Attorney Docket No.: ECULL-00101



## HAVERSTOCK & OWENS LLP 162 North Wolfe Road Sunnyvale, California 94086 (408) 530-9700

Customer No.: 28960

Serial PADE Filed: 10/637,188 August 8, 2003 METHOD OF AND APPARATUS FOR MULTI-STAGE SORTING OF GLASS CULLETS Entitled:

Group Art Unit:

Examiner Name:

HAGEMAN, MARK

MAIL STOP RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Sir:

5.

Dated: September 25,2007

This is a Request for a Continued Examination (RCE) under 37 CFR § 1.114 of the above-identified application.

## **CERTIFICATION UNDER 37 CFR § 1.08**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to : Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mail Stop RCE, September 25, 2007. Paulette Fernandez (Name of Person Mailing Paper) 1. Submission required under C.F.R. § 1.114 Previously submitted Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on\_\_\_\_\_\_. (Any unentered amendment(s) referred to above will be entered) Consider the arguments in the Appeal Brief or Reply Brief previously filed on iii. Other 09/27/2007 SSITHIB1 00000057 10637188 Enclosed 01 FC:2801 02 FC:2202 i. X Amendment/Reply 395.00 OP 100.00 OP Affidavit(s)/Declaration(s) Information Disclosure Statement (IDS) Other\_ Miscellaneous 2. Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required) Other 3. X Applicant is entitled to small entity status 4. The RCE fee under 37 C.F.R. § 1.17(e) is required by 37C.F.R. § 1.114 when the RCE is filed.

The Director is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account No.08-1275. i. \_\_\_X\_\_\_ RCE fee required under 37 C.F.R. § 1.17(e) Extension of time fee (37 C.F. R. § § 1.136 and 1.17) iii. X Other 4 additional dependent claims Check in the amount of \$495.00 (\$395.00 to cover the Request for Continued Examination Filing fee plus \$100.00 for four additional dependent claims) enclosed Payment by credit card (form PTO-2038 enclosed) Return Receipt Postcard

Registration No.: 3